



**Florida Alliance for Assistive Services and Technology (FAAST)
Atlantic Region Assistive Technology Demonstration Center**

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**The Communication Disorders Clinic
University of Central Florida**

Presents

Technology in the FAAST Lane 2008

Overview

This summer program is designed for young children (ages 3 – 6 years) with developmental disabilities and their parents. Participating children should use some form of augmentative or alternative communication (AAC) or have the potential to use AAC. The theme for the program will be *Pirates & Princesses* and the program will involve the following three components: (a) parent training aiming to teach strategies to provide supportive storybook reading experiences for children in the home setting, (b) computer activities to encourage early language, communication, and literacy training, and (c) fun crafts, games, and activities. UCF student speech-language pathology interns will work with staff to facilitate all program activities. Each participating family will receive storybooks, all required materials, and a refurbished computer equipped with helpful software/hardware to take home. Participation in the program will also involve participation in a research study aiming to document the outcomes of the parent training.

Technology in the FAAST Lane 2008 will take place from 1pm - 4pm on: Mon 06-09-08, Wed 06-11-08, Fri 06-13-08, Mon 06-16-08, Wed 06-18-08, and Fri 06-20-08. The first five days of the program will be held in Sanford at the Assistive Technology Educational Network (ATEN) facility (1207 Mellonville Avenue; Sanford, FL 32771; 1-800- 558-6580). The final program day will be a field trip to Disney’s *Magic Kingdom* (on Fri 06-20-08).

Technology in the FAAST Lane 2008 is offered in collaboration with the following agencies/businesses: the Assistive Technology Educational Network (<http://www.aten.scps.k12.fl.us/>), the Down Syndrome Association of Central Florida (<http://www.dsacf.org>), the Kiwanis Club of Oviedo-Winter Springs (<http://www.kiwanisoviedowintersprings.org>), and Walt Disney World (<http://www.wdpublicaffairs.com>).

Please note that completion of this application does not guarantee acceptance into the program. There are a limited number of slots available within the Technology in the FAAST Lane 2008 program. These slots will be filled by families whose needs match the focused training on a first-come, first-served basis. FAAST staff will conduct an informal meeting and language testing with applicants prior to acceptance into the program.

Application

Child’s Name: _____ **Participating Parent Name(s)*:** _____

** The same parent/caregiver is required to participate in all components of the program.*

Home Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Cell Phone:** _____

E-mail: _____ **Fax Number:** _____

Core Expectations:

- ✓ The same parent/caregiver must participate in all 6 days of program with his/her child (A second parent/caregiver is also welcome to attend for all or part of the program).
- ✓ Child and parent must attend all 6 days of program because of the research component.
- ✓ Participating parents/caregivers and children will need to participate in additional meetings/trainings for the research component of the program (i.e., to document outcomes). These meetings will be individually scheduled

***** Do you anticipate being able to meet these core expectations? Yes No

Personal Information

Child's Date of Birth: _____ Child's Age in June 2008: _____

Child's Primary Diagnosis/Disability: _____

Additional Challenges or Diagnoses: _____

Child's Strengths: _____

Child's Food Allergies: _____

Child's Gender : male female

Service Information

Please list and describe all services your child currently receives and any educational placements.

Service	Service Provider	Agency	Service Details
<i>Examples:</i>			
<i>Speech</i>	<i>Mary Smith, SLP</i>	<i>ABC Speech Practice</i>	<i>Two ½ hour sessions per week – focus on speech</i>
<i>PreSchool</i>	<i>Bob Thomas, Teacher</i>	<i>DEF Preschool (Oviedo)</i>	<i>Attends 5 days per week for 3 hours</i>
_____	_____	_____	_____
_____	_____	_____	_____
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_____	_____	_____	_____
_____	_____	_____	_____

By checking this box, you indicate that it is acceptable for FFAST Lane staff to contact the above professionals to obtain information on services received by your child and/or to distribute information about the Technology in the FFAST Lane program to the above professionals.

Communication

Forms of Communication

Please check all forms of communication that your child currently uses and explain specifically how (s)he uses these forms of communication.

Examples of Explanations that could help the FAAST Lane team to understand your child's communication skills and needs appear below each option.

Form of Communication

Explanation

Speech

Example: Eric has some speech that we understand, but other people find him difficult to understand.

Gestures / Pointing

Example: Mary points to things she want in the cabinet.

Sign Language

Example: Alexis knows and uses the signs for "more" and "all done."

Communication Book or Board

Example: John uses a picture communication book, a picture schedule & PECS in his classroom.

Communication Device

Example: Andre has a Dynavox and uses it sometimes at school.

Other (or additional information)

By checking this box, you indicate that you are interested in exploring additional forms of communication and technology that your child could use in addition to speech to continue to develop his/her speech, language, communication, and early literacy skills.

Types of Messages/Sentences

Please check all types of messages/sentences your child currently produces (i.e., things (s)he says or uses a communication system to say) and provide an example.

Examples of messages that could help the FAAST Lane team to understand your child's communication skills and needs appear below each option.

Type of Message

Example

Single Word Messages

Example: Eric says "more" using speech and points to individual pictures in his communication book.

Two-Word Message Combinations

Example: Mary says "more juice" using speech and points to the pictures for "more" & "juice" (one after the other) in his communication book.

Simple Sentences

Example: Alexis says things like "Daddy go work." & "Alexis play house."

Complex Sentences

Example: John uses his communication device to say things like "I want to go to the store."

Total Number of Words/Messages/Sentences (using any of the above forms of communication)

Please check the approximate number of words/sentences you estimate your child uses on a regular basis.

Less than 10 words/messages

11 – 25 words/messages

26 – 50 words/messages

51 - 100 words/messages

100+ words/messages

200+ words/messages

Accommodations & Technology Use

Please check all technology options that your child currently uses and list the name to the right.

Type of Technology	Name of Specific Device or Software
<input type="checkbox"/> Communication Device:	_____
<input type="checkbox"/> Adapted Keyboard or Mouse:	_____
<input type="checkbox"/> Word Processor:	_____
<input type="checkbox"/> Fun Software/Games/eBooks:	_____
<input type="checkbox"/> Academic-Type Software:	_____
<input type="checkbox"/> Other Technology at Home/School:	_____
<input type="checkbox"/> Desktop	Circle: PC MAC
<input type="checkbox"/> Laptop	Circle: PC MAC

Interests

To help us know your child better, please check all activities that are of interest and provide information on the names of specific characters, books, games, etc.

<input type="checkbox"/> Books:	_____
<input type="checkbox"/> Television/Movies:	_____
<input type="checkbox"/> Characters:	_____
<input type="checkbox"/> Games/Crafts/Art/Cooking:	_____
<input type="checkbox"/> Computer/Internet:	_____
<input type="checkbox"/> Snacks/Food:	_____
<input type="checkbox"/> Sports:	_____
<input type="checkbox"/> Other:	_____

Child's T-Shirt Size: _____ Participating Parent/Caregiver T-Shirt Size(s): _____

Participation Details & Fee

Participating families will receive all required materials, daily snacks, field trip admission, a library of storybooks to keep, a refurbished computer with relevant software/hardware to keep, other surprises, and great memories☺!

The participation fee will be \$200. Please check here if you anticipate that your family may be eligible to apply for a scholarship (provided by one of our community partners and based on financial need). Please note that the participation fee will be collected at the time of acceptance into the program.

Please return this application via e-mail (preferably) or fax as soon as possible to:

Dr. Jennifer Kent-Walsh

FAAST Atlantic Region Assistive Technology Demonstration Center

Email: jkent@mail.ucf.edu

Fax: 407.977.3551 *Please Note: This is also a phone line, so please try again if the fax does not transmit.

Additional Information

Please add any additional information you would like to provide on this page.